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Report Series 1992

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AMO's Response to the *Redirection of Long-Term Care and Support Services in Ontario*

Association of Municipalities of Ontario
March 1992

MISSION STATEMENT

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We take pride in promoting, supporting and enhancing strong and effective municipal government.

We provide strategic leadership by:

- developing and effectively promoting responsive quality policy;
- informing and educating governments, the media and the public;
- marketing innovative and beneficial services.

Our elected representatives, municipal officials and association staff form a team which values and respects:

- diversity and local autonomy;
- fairness and equity;
- consultation;
- consensus;
- co-operation.

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EXECUTIVE SUMMARY

Redirection Proposals

In June 1991, the then Minister of Community and Social Services, the honourable Zanana Akande, announced her government's proposals for long-term reform. In October 1991, the "renewed vision" of long-term care reform was released in the consultation paper, *The Redirection of Long-Term Care and Support Services in Ontario (Redirection).*

The proposals in *Redirection* are aimed at redirecting and restructuring the long-term care system so that it responds to the needs of Ontario's elderly people and adults with physical disabilities in ways which minimize institutionalization and maximize secure and stable home, family and community living. The redirection of long-term care and support services is described as having the following eight major components: improved and expanded community support services; greater consistency in service; better coordination of services; greater community participation; no consumer fees for health and personal support services provided in the home and the standardization of fees for other community support services; realigned funding policies to reallocate some resources from institutional care to community-based services; increased funding for supportive housing; and the integrated and decentralized provincial management of all long-term care health and social services.

AMO's General Position

AMO supports the basic thrust of the long-term care reforms. AMO agrees that reform is necessary to address the challenges to the current system. While the Association continues to have some concerns and comments for changes to the proposed program design, it is the proposals for a new governing and administrative structure that AMO has most closely examined and proposed alternatives. The proposed governing and administrative structure includes new service coordination agencies, new planning advisory groups, and changes to the management and funding of homes for the aged, a new health and personal support program and community support services.

Municipal Involvement

Municipalities are currently extensively involved in the existing system, carrying out responsibilities that will continue to be a feature of the reformed system (e.g. placement coordination services). With this degree of involvement in long-term care, it was disconcerting to

many municipalities to read the *Redirection* paper which barely acknowledges this involvement of municipal governments and does not recognize the need for an examination of provincial and municipal responsibilities. AMO therefore first calls on the Provincial Government to consult and negotiate with AMO on the role of municipalities in the proposed governing and administrative structure for the long-term care system.

Disentanglement

Since *Redirection* proposes new administrative structures, programs and government responsibilities AMO proposes that the reforms be examined in the context of the principles of the provincial-municipal disentanglement exercise and that long-term care reform serve as a "case study" of disentanglement principles. In its response, AMO has reviewed each of the main components of service in the proposed new long-term care system and has identified program design issues. The Association has then applied the framework of disentanglement principles to propose roles for the municipal sector in each service component. These roles are summarized below.

Health and Personal Support Program

The services to be provided under this program are essentially health-related services. AMO recommends that policy, management and funding of this program should be a 100% provincial responsibility. However, where existing municipal delivery and administration structures are already in place (e.g. Integrated Homemaker Program) then these should be considered to serve as the delivery agencies for the new program.

Community Support Services

These services currently are generally non-health related and are conducive to local management since the need for different kinds of community-based support services varies from community to community. As the *Redirection* paper states, this category encompasses "a whole variety of services" that are tailored to meet the needs of individual communities. AMO recommends that the Province and municipal governments should have a shared responsibility for the policy/ management, and funding of community support services.

Long-Term Care Facilities

AMO recommends that homes for the aged be managed and 100% funded by the Provincial Government. AMO believes there are significant benefits to be gained in the local administration of homes for the aged, and therefore supports continued administration of these facilities by municipalities.

Supportive Housing	Very little information is provided about supportive housing services in the *Redirection* paper. The Ministry of Housing's consultation paper, *A Housing Framework for Ontario* is referred to as the lead provincial document for addressing this issue. AMO supports the continued and expanded role of municipal housing departments and non-profit corporations in the delivery, administration and management of assisted housing, including supportive housing alternatives. Furthermore, AMO recommends that the Ministry of Housing should take the lead in the provision of supportive housing and the coordination of funding with other ministries (health, community and social services, citizenship).
Service Coordination Agency (SCA)	At a time when governments at all levels are focusing on the identification of measures by which government can be streamlined and more cost-efficient, AMO questions the move to set up new governing and administrative structures. AMO recommends that decisions on the administrative structure of the SCA be based on a set of established criteria of what objectives and standards such a structure should meet. This should then be used to determine on a community-by-community basis what structure would best meet these criteria. This means allowing for alternative structures, with perhaps the new SCA model proposed in *Redirection* appropriate for some communities.
Planning	AMO recommends that municipal governments at the level of regions and counties should serve as the focus for planning and the preparation of a comprehensive community health and social services plan for their communities in order to meet provincial and local objectives. The Province should consult with northern municipalities and separated cities not part of a county to determine the most appropriate community social services planning structures for these communities.
Family Caregivers	As in its response to *Strategies for Change*, AMO applauds the Province for recognizing this as an important area. The role of municipalities in these services has been addressed in other sections of this response.

1 INTRODUCTION

1990 Long-Term Care Reform Proposals: *Strategies for Change*

In May 1990 the Provincial Government released a consultation paper, *Strategies for Change: Comprehensive Reform of Ontario's Long-Term Care System.*[1] It represented the beginning of the reform of Ontario's long-term care and support programs. Through it, health and social services for the elderly and physically disabled adults were to be consolidated and a new integrated system introduced to deal with the growth expected in the demand for and cost of these services. The policy was overseen by the Ministry of Health, Office for Senior Citizens Affairs, Office for Disabled Persons, and the Ministry of Community and Social Services, with assistance from the Cabinet Office and Management Board of Cabinet.

1991 Long-Term Care Reform Proposals: *Redirection of Long-Term Care and Support Services in Ontario*

Strategies for Change was shelved with the election of a new Provincial Government in September 1990. In June 1991, the then Minister of Community and Social Services, the honourable Zanana Akande, announced in the legislature her government's revised version of long-term reform. In October 1991, the "renewed vision" of long-term care reform was released in the consultation paper, *The Redirection of Long-Term Care and Support Services in Ontario (Redirection).* The paper sets out proposed new directions for long-term care and establishes a broad consultation process organized by the 14 area Community Health and Support Services offices.

The *Redirection* paper is very similar to *Strategies for Change*; the similarities and differences are discussed in detail in later sections of this response. Some of the main differences are as follows:

- An increase in the commitment to community support services and more flexible funding which will provide 100 per cent funding for approved budgets after deducting consumer charges and local funding.
- User fees will not be charged for in-home health and personal support services.
- More investment in supportive housing for the elderly and physically disabled adults with priority to developing support programs in co-operation with non-profit housing producers.

- $37.6 to be reallocated from the hospital sector (over a five year period) to in-home and community support services.

- The establishment of 40 new Service Co-ordination Agencies (SCAs). These agencies will consolidate the tasks of agencies that now provide the Home Care Program and Placement Coordination Services Program. New boards will be established for these agencies.

Like *Strategies for Change*, the *Redirection* consultation paper raises numerous questions about the future role of municipalities in Ontario's long-term care system. For example, the establishment of 40 new SCA's will mean the removal of services from existing agencies which, in most cases, have been municipal public health departments or health units.

What services are included in long-term care?

Long-term care includes a range of personal care, support and health services provided to people who have limitations that prevent them from participating in everyday activities. People who use these services are usually the elderly, people with disabilities, or people who have a chronic or prolonged illness. Table I illustrates the range of services which belong in the category of long-term care and support services.

TABLE I LONG-TERM CARE AND SUPPORT SERVICES

LONG-TERM CARE SERVICE	EXAMPLES
Community Support Services	Meals on Wheels wheels to meals transportation home maintenance friendly visiting information and referral security checks counselling and family support adult day programs* home help/homemaking
Health and Personal Support Services	Home Care Program Integrated Homemaker Program Attendant Care Outreach Program Homemakers and Nurses Services Program
Long-Term Care Facilities	Nursing homes Charitable and municipal homes for the aged Chronic care facilities

* includes elderly persons' centres, alzheimers day programs

2 THE REDIRECTION CONCEPT

The proposals are aimed at redirecting and restructuring the long-term care system so that it responds to the needs of Ontario's elderly people and adults with physical disabilities in ways which minimize institutionalization and maximize secure and stable home, family and community living.

Proposed New Directions

The redirection of long-term care and support services is described as having the following eight major components:

- improved and expanded services for consumers at home through a major investment in the long-term care and support services system over the next several years. This includes a large expansion in funding for community support services;
- greater consistency in service, guided by new provincial standards. Services will be offered in more flexible ways to suit the requirements of consumers;
- better coordination of services through the creation of new service coordination agencies. These agencies will act as the single point of access for health and personal care services in the home and for placement in long-term care facilities;
- assurance of greater community participation. The service coordination agencies will be run by local boards of directors, with some provincially-appointed members;
- no consumer fees for health and personal support services provided in the home or for health services or programs in long-term care facilities; no consumer fees for adult day programs and standardization of fees for other community support services;
- realigned funding policies. These will help reduce disparities in services across Ontario and to reallocate some resources from institutional care to community-based services;

- increased funding for supportive housing to create more alternatives to institutional care; and,

- integrated provincial management of all long-term care health and social services and a decentralized system of Community Health and Support Services offices to manage long-term care and support services across Ontario.

Relationship to the Reports of the Premier's Council on Health Strategy

As a general policy direction the Provincial Government has supported the reports of the Premier's Council on Health Strategy and the move towards the decentralization and integration of health and social services planning and management. The *Redirection* proposals illustrate this support by establishing the better integration of services through the appointment of a permanent assistant deputy minister shared by the Ministries of Health and Community and Social Services. Also, the proposals call for the decentralization of services to the elderly and physically disabled adults and there is support for a movement towards allowing expenditures on community services to rise faster than those on institutional services. These are all policies which can be attributed to the recommendations of the Premier's Council.

AMO has also responded to the reports of the Premier's Council and supported the general premise or foundation of the Council's work, that is, the adoption of the World Health Organization's definition of health which has laid the groundwork for a new understanding of health. This is an understanding that health is a state of physical, mental and social well-being and not merely the absence of disease or disability.

On January 16, 1992 Frances Lankin, the Minister of Health announced Ontario's health reform agenda for the next three to five years. The foundation of this agenda are the goals of the Premier's Council on Health Strategy. The Minister identified the implementation of the redirection of long-term care with a new emphasis on community-based programs and services as one of the specific initiatives in this health reform program.

Regarding decision-making on health and social services, AMO supported the Council's recommendations that "the government should work towards provincial models of decentralized service

delivery in health and social services" and that "the government should consider the integration of major elements of the Ministries of Health and Community and Social Services."

AMO has also agreed that the transfer of functions to the local level should not be merely the simple administrative decentralization of provincial functions, but should involve the devolution of decision-making authority to the local level. In addition, AMO agreed with the comments of many of the participants at focus group meetings of the Premier's Council, that in respect of the significant variations across the province, there should not be one model of devolution selected for application across all Ontario communities.

Finally, AMO recommended that resolution of the issue regarding the most appropriate structure for local decision-making for health and social services be made in the context of the provincial-municipal disentanglement exercise. In this regard, AMO supported that the reform of long-term care services is an initiative which could both serve as a "case study" on provincial-municipal disentanglement and the principles established by the Premier's Council on the integration of health and social services and local decision-making.

AMO's Response to the Principles/Concept of Redirection

As in its response to *Strategies for Change*, AMO supports the basic concept and thrust of long-term care reform. AMO agrees that reform is necessary to address the challenges to the current system which have been identified in *Strategies for Change* and the *Redirection* consultation papers -- the aging of the population; the existence of fragmented services and inconsistent program eligibility criteria, service standards and funding systems; insufficient community and consumer input to the design of services; the heavy reliance on institutions while people express their preference to live at home; the lack of assistance to family and friend caregivers; and the inadequate compensation for and recognition of workers in the long-term care and support services system.

The implementation of the basic concept and principles of *Redirection* is to occur through a new planning, management, delivery and funding system. While the Association continues to have some concerns and comments for changes to the proposed program

design, it is the proposals for a new governing and administrative structure that AMO has most closely examined and proposed alternatives. The proposed governing and administrative structure includes new service coordination agencies, new planning advisory groups, and changes to the management and funding of homes for the aged, a new health and personal support program and community support services.

The *Redirection* paper presents a program for reform that can be interpreted to mean that the Provincial Government will assume 100% responsibility for the policy, management and, in some cases, funding, of all long-term care services. It also proposes the establishment of new delivery, administrative and planning agencies, thereby removing some functions from existing municipal structures. Other than with respect to outstanding questions of municipal funding and delivery, it signals that municipalities may be completely removed from any formal responsibility for long-term care services in the reformed system.

However, as discussed in the next section, municipalities are currently very involved in the existing system, carrying out responsibilities that will continue to be a feature of the reformed system (e.g. placement coordination services). AMO believes that given this existing involvement, municipalities should define, together with the Provincial Government, their role in the proposed governing and administrative structure of the reformed long-term care system.

At this point in the development of long-term care reforms, AMO is not calling for a re-conceptualization of the proposed reform; where AMO believes there should be flexibility is in the consideration of options for the proposed governing and administrative structure. AMO has therefore focused on these and offered proposals for municipal involvement in the reformed long-term care system.

However, AMO is concerned that the *Redirection* paper does not indicate a flexibility in this regard, nor does it consider the importance and potential role of municipalities in the long-term care system. The following recommendation therefore requires a commitment from the Provincial Government to consult with the municipal sector to define the municipal role in long-term care; without this commitment, then AMO

believes that municipalities should not have any responsibility for long-term care services.

Recommendation 1

AMO's fundamental position is that the Provincial Government should agree to consult and negotiate with AMO on the role of municipalities in the proposed governing and administrative structure for the redirected long-term care system.

3 PROVINCIAL AND MUNICIPAL ROLES AND RESPONSIBILITIES IN LONG-TERM CARE

Municipal governments currently have an extensive role in the funding, administration and delivery of long-term care services. Since the *Redirection* paper fails to acknowledge these existing contributions, AMO has compiled the following summary to illustrate the extent of this involvement.

3.1 Current Funding Roles of Municipalities in Long-Term Care

Municipalities play a significant role in funding long-term care services, some of which is mandated by legislation and some of which is discretionary. At present, municipalities fund the following:[2]

Long-term care facilities **(mandatory cost-sharing)**

Municipal Homes for the Aged:

50 per cent of capital costs, and 30 per cent of the deficit for operating costs. In 1988-89 this amounted to approx. $95 million.

Community support programs and in-home services **(discretionary cost-sharing)**

In addition to their mandated responsibilities, many municipalities currently fund and/or operate numerous community-based services which support the elderly and physically disabled adults to remain in their homes. These financial contributions are a combination of cost-sharing and non-shared municipal grants to community agencies.

Elderly Persons' Centres	A minimum of 20 per cent of both operating and capital costs, as well as non-shared grants. In 1988-89 this amounted to approx. $5.1 million. Of the approximately 173 centres in Ontario, 71 are operated by municipalities.
Homemaker and Nurses Services	20 per cent of costs, as well as non-shared grants. In 1988-89 this amounted to approx. $3.7 million. The program is directly administered by municipalities or through contracts with agencies.
Home Support Services	Variable amounts up to 30 per cent of costs, as well as non-shared grants. In 1988-89 this amounted to approx. $4.7 million. A wide variety of non-profit agencies and municipalities, through their elderly persons' centres or Homes for the Aged, provide services under this program to help seniors remain in the home.
Administrative Support	Municipalities also pay administrative costs which are not recognized for cost-sharing by the province. These costs include support services, computer programs, automated services, and legal and human resources. There are also some program costs which municipalities also provide for operating programs which are not factored into the province's cost-sharing formula. Municipalities also fund an assorted range of health services for the elderly and physically disabled adults, but these play a much lesser funding role than social services.

3.2 Current Delivery Roles of Municipalities in Long-Term Care

In addition to funding services, many municipalities, through their public health departments or health units, are involved in the administration and delivery of several Ministry of Health and Community and Social Services long-term care programs.

Home Care Program	This is a program of the Ministry of Health that involves the provision ad coordination of multi-disciplinary health and support services to clients in their homes. Home Care services in Ontario are organized and delivered by

38 local Home Care Programs. These programs are administered by four different types of agency: municipal health departments (28), hospitals (3), Victorian Order of Nurses (VON) (4), municipal social services departments (2) and one program which operates under a free standing board (Metropolitan Toronto). The program is 100% funded by the Ministry of Health. Most of the services provided under the program are purchased from independent service provider agencies, such as the VON, Red Cross and commercial agencies.

Integrated Homemakers Program

In 18 of the 38 Home Care Programs (primarily in municipal health departments), the Integrated Homemaker Program is available and fully funded by the Ministry of Community and Social Services. It is intended to fill a gap in homemaking services.

Placement Coordination Services

Some municipal health departments (about 18) also provide Placement Coordination Services which are 100% funded by the Ministry of Health. The primary objective is to provide a single point of access to help people who require placement in long-term care facilities to obtain suitable accommodation or the most appropriate services.

3.3 Lack of Recognition of Municipal Role

With this degree of involvement in long-term care, it was disconcerting to many municipalities to read the *Redirection* paper which, like *Strategies for Change*, barely acknowledges this involvement of municipal governments and does not recognize the need for an examination of provincial and municipal responsibilities.

AMO's response to *Strategies for Change* focused on this concern, that the establishment of an integrated health and social services management structure for which responsibility could be transferred to a local level of authority in the future was not conducted in consultation with the municipal sector.

It has been stated that the silence of *Redirection* regarding municipal roles is appropriate in light of the disentanglement exercise which is to involve the renegotiation and redefinition of provincial and municipal responsibilities in service areas like long-term

care. It has been argued that the reform of the long-term care system cannot wait until the outcomes of the disentanglement exercise and that changes could be made to provincial and municipal responsibilities in a reformed long-term care system after a disentanglement "solution" has been negotiated. AMO questions this assumption since *Redirection* proposes new administrative structures, programs and government responsibilities which will likely restrict the consideration of alternatives. Furthermore, the development of reformed long-term care services can be used to inform the disentanglement discussions on specific considerations which should be taken into account in the assignment of government roles and responsibilities. AMO therefore proposes that the redirection of long-term care services be examined in the context of the principles of the provincial-municipal disentanglement exercise. As summarized in Appendix A, AMO supports that the long-term care reform serve as a "case study" of disentanglement principles proposed in the Hopcroft Report.[3]

4 COMPONENTS OF THE LONG-TERM CARE SYSTEM PROPOSED IN *REDIRECTION*

Discussion of the Main Components of the Proposed Redirected Long-Term System

Against the framework of disentanglement principles, AMO has reviewed each of the main components of service in the long-term care system, and the *Redirection* paper's proposals for the planning, management, funding and delivery of these services. Following this AMO has identified program design issues and then proposed what role municipalities could have in each service component.

4.1 In-Home Services: Health and Personal Support Program and Community Support Services

Redirection Proposals

- Health and Personal Support Services and Community Support Services are intended to assist people to remain in their homes as long as possible.
- Health and personal support services focus on professional health care, homemaking, and personal care, and are provided in the home.

- Health and personal support services include nursing, counselling, occupational therapy, social work, physiotherapy, and speech therapy, etc.

- The *Redirection* paper states that these services will be consolidated into one program with provincial guidelines and increased funding.

- Community Support Services include a wide variety of services delivered by many agencies throughout the Province. These services include meal services, transportation, home maintenance, security checks, counselling, day programs, homemaking, and adult day programs.

- The emphasis of reform in Community Support Services will be increased consistency in these services across the Province in the following ways: availability of services, eligibility criteria, fees, and delivery and administration standards.

Planning

- The 14 area managers of the Community Health and Support Services division will work with local planning groups in planning for Health and Personal Support Services and Community Support Services.

- These local planning groups will be established by the 14 area managers.

Management

- Management will be decentralized and performed by the 14 area managers of the Community Health and Support Services Division, according to Provincial guidelines, and in consultation with communities.

Funding

- Each area of the province will be given an amount of money called a funding envelope. The Health and Personal Support Program and Community Support Services will be funded through this area funding envelope which will be managed and allocated by the local offices of the Community Health and Support Services Division.

- The *Redirection* paper states that some of the measures being researched in the establishment of

measures of need for community-based services are: size of population, number of people with disabilities and health problems, availability of long-term care beds, and amount of funds currently available for community-based services.

- While not stated, the *Redirection* paper infers that funding for this program will be provided up to a provincial standard. In this system some municipalities may find that they still wish to provide services above this standard (as many currently do).

- In addition, provincial guidelines or criteria will be established to assist the Community Health and Support Services offices in allocating funding for services.

- Communities are not expected to have the same priorities for services across Ontario, but there will be a **basic level of services** identified by the Provincial Government that must be funded in all areas.

- There will be no consumer fees for health and personal support services, if services are deemed "essential" for a person to remain at home.

- Consumer charges for community support services will be based on ability to pay. Community support services will not be cost-shared. Instead, the budget for each agency will be pre-approved through the Community Health and Support Services area offices, and 100% of the deficit will be made up by the Province after deducting revenue from consumer charges and local fund raising.

Delivery

- Local agencies will continue to be the delivery agents for in-home services.

4.1.1 Program Design Issues Identified by AMO

Maintaining Sufficient Funding Levels

AMO believes that a greater reliance on in-home services must be accompanied by a guarantee of adequate and on-going funding. This reflects the

concern that reform may result in a lack of adequate support for in-home services as was evidenced with the de-institutionalization of ex-psychiatric patients. These initiatives are similar in the move to community-based living alternatives and in the removal of individuals from institutions. For example, the *Redirection* paper states that the service coordination agencies will assist facility residents who would like to leave an institution and find new living arrangements.

In the de-institutionalization of ex-psychiatric patients, many municipalities had to meet service gaps which resulted from a lack of adequate community-based alternatives. Unfortunately, the mechanisms to facilitate deinstitutionalization were not adequately developed in conjunction with the closing of large custodial institutions. In addition, the popular belief that if something is community-based, it is therefore non-institutional and thus appropriate, served to mask conditions in private custodial settings such as rest homes and boarding homes which emerged as the largest type of accommodation to serve this population. AMO believes that the long-term reform initiative must provide assurances that this outcome is not repeated.

Protections and Guarantees of In-Home Support Services

The guarantee of adequate and on-going funding points to another issue: what protections or guarantees will there be for seniors and physically disabled adults who are not admitted to facilities (because they are evaluated as not requiring institutionalization) that they will receive adequate and a guaranteed level of in-home support services?

The Provincial Government has responded to this concern in part by introducing three pieces of related legislation in 1991: the *Advocacy Act*, the *Consent to Treatment Act*, and the *Substitute Decisions Act*. These are summarized in Appendix B. In sum, the legislation provides for the establishment of an Advocacy Commission which will ensure the provision of advocacy services to vulnerable adults by representing the interests of clients on various matters such as the provision of services. However, this legislation will not provide seniors and physically disabled adults with rights to services but merely rights to representation; it is merely a mechanism for advocacy not the guarantee of the provision of services. Therefore, a basis for a guarantee to services is still required. At issue are the standards

and rights of seniors and physically disabled adults to a level of care, whether they are in an institution or receiving support in their home.

The Senior Citizens' Consumer Alliance has proposed a "Seniors' Bill of Rights" as a means of legislating the "rights" and "entitlements" of consumers receiving home care and institutionalized services. AMO supports this concept of legislated rights and entitlements.

Determination of Funding Envelopes

The *Redirection* paper asks what considerations should be made in the design and implementation of the area funding envelope and what criteria should be used in determining the community-based services that should be funded from the area funding envelope.

The *Redirection* paper states that the area offices of the Community Health and Support Services Division will manage the funding envelope with input from new local planning groups. However, a basic level of services will be identified by the Provincial Government which must be funded in all areas. Therefore, part of the funding envelope be allocated as "core funding" for services determined to be "basic" in the Health and Personal Support Program and the Community Support Services.

Prior to establishing criteria, AMO believes we need to first question who should be responsible for the determination of the area funding envelope, who will be accountable for this decision-making, and who will be funding these services.

Cost-Effectiveness of In-Home Services

There is an assumption in the *Redirection* paper (as well in *Strategies for Change*) that providing in-home services will save money. However, this may obscure the identification of potentially large cost issues. To date, there has been little analysis as to whether this will necessarily be more cost-effective. AMO requests that the Provincial Government provide information on the costs of providing a wider range and larger volume of in-home support, with a comparison to institutional services.

This request re-iterates a recommendation AMO made in response to *Strategies for Change*, that a

detailed strategy and cost-benefit analysis should be provided for developing a wider range and volume of in-home services to determine whether these will be a viable alternative to institutional care.

The issue of cost-effectiveness is not raised as a criticism of the move away from institutionalization. In principle most individuals and organizations support this. And at first glance most would say it is self apparent that in-home care will be more economic. However, it is the Provincial Government's obligation to demonstrate that this will be cost-effective, especially in light of the increasing pressures on public funds. The *Redirection* paper focuses on a commitment to the principles of policy change, with little discussion of whether the government has the fiscal capacity to achieve them.

Consumer Fees

The issue of the actual costs of the long-term care reform raises an additional issue - the extent to which the system will be based on consumer charges. There will be no consumer charges for the Health and Personal Support Program (HPSP); whereas for Community Support Services consumer fees will be based on ability to pay. The rationale is that for "essential" health-related services (primarily HPSP), individuals should not be required to make a financial contribution, and in this way be consistent with the principle of universal access to health services which is the foundation of our public health care system.

In the context of questioning the actual costs of the long-term care reform and the fiscal capacity of the Government, AMO questions whether this policy may potentially jeopardize the allocation of resources to those in real financial need by spreading limited resources over a larger population.

As stated in *Strategies for Change:*

> "The costs of long-term care will continue to rise with changing trends and increasing population. There will always be competition for resources among the human services, and between these and other areas of public spending. An affordable long-term care system will share the costs of service among levels of government and consumers."[4]

Without a clear analysis of costs, the proposed consumer charge policy may jeopardize the capacity of governments to meet increasing levels of demand and care, and provide fewer assurances that adequate levels of funding support will continue to exist over the long term for the proposed redirections.

Determination of "Essential" Services

As stated above, there will be no consumer charges for "essential" services in the Health and Personal Support Program. At this time it is unclear as to how and who will determine which services will be considered essential. There is no explanation as to how essential service status will be determined on a case-by-case basis. With this open definition AMO questions the fairness of the consumer charge policy.

Rest and Retirement Homes

Will residents of rest and retirement homes qualify for in-home services? Like *Strategies for Change*, *Redirection* states these services are available for individuals living at home. It has been argued that this will be addressed following the release of the report of the Commission of Inquiry into Unregulated Residential Accommodation (Lightman Commission). However, since *Redirection* now places some emphasis on various forms of supportive housing, more discussion and consideration of the availability of in-home services to individuals residing in these alternative accommodations must be included in the design of the long-term care system.

Recommendation 2

AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding the design of the Health and Personal Support Program and Community Support Services.

4.1.2 AMO Proposals for the Role of Municipalities: In-Home Services

Health and Personal Support Program

AMO agrees with the *Redirection* paper that the services provided under this proposed program are essentially health-related services.

In terms of government funding for these services, AMO has referred to the disentanglement principles and the recommendations of the *Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship* (Hopcroft Report). As argued in the *Hopcroft Report*, health services require a high degree of uniform provincial standards and have significant spill-over effects (the general well-being of the population has a broad social value which should not logically be a local responsibility).

Therefore, in terms of policy, management and funding it follows that the Health and Personal Support Program should be the responsibility of the Provincial Government. However, as noted in the *Hopcroft Report*, where there are significant benefits to be gained, then local administration and delivery should be supported. For example, for some services determined to be appropriately a 100% provincial policy and financial responsibility, local administration may be more cost effective and efficient (particulary if local structures are already in place).

In the case of the services to be provided under the Health and Personal Support Program, local municipal delivery and administration is already occurring through the Home Care, Integrated Homemaker and Homemakers and Nurses Services Programs. In many cases, structures are therefore already in place to deliver the new integrated program.

Recommendation 3

AMO recommends that the Provincial Government assume 100% responsibility for the policy, management and funding (including costs of administration) of the new, integrated Health and Personal Support Program. If municipal delivery and administrative structures are already in place, then these should be considered to serve as the delivery agencies for the new Program.

Community Support Services

Municipalities have long been involved in the provision of community-based services to the elderly which support the elderly to live as independently as possible. These

include a wide variety of community-based services such as meal services, transportation, home maintenance, security checks, counselling, and homemaking.

These services currently are generally non-health related. As a result, consumer charges are proposed to be a continuing source of the funding for these services. However, the definition of these services does not specify this, and merely describes them as "services [which] respond to the needs of people who are frail and may be isolated and lonely, who have no way of getting our of their homes, or who suffer from poor nutrition." The definition of these services should therefore specify that they are non-health related. This is necessary since over time the programs within this category will likely change, new ones will be identified, etc.

These services are conducive to local management since the need for different kinds of community-based support services varies from community to community. As the *Redirection* paper states, this category encompasses "a whole variety of services" that are tailored to meet the needs of individual communities. The range of services in this category has a community focus as they assist local residents to live as independently as possible in either their own homes or in alternative accommodation within their own communities. Municipalities also have a long history of involvement in a number of these services, from providing "seed money" to get them started to identifying service needs and gaps in provision.

The *Report of the Provincial-Municipal Social Services Review* (PMSSR) argued that these services are best managed at the local level. In recommending this, the PMSSR recognized the continuation of a Provincial Government role in developing legislation, policies, programs and setting of standards to ensure an equitable province-wide social services system.

Based on disentanglement principles, AMO believes this category of services should be a shared responsibility between the Province and municipal governments. This recognizes the need for coordination with the overall provincial policies governing the proposed long-term care system. As well, this recognizes the need to continue some standardization of these services (as is currently the case) with sufficient flexibility to respond to the varying circumstances and

needs for these community-based services across the province. Therefore, AMO recommends that policy/ management, and funding of community support services be shared between the two levels of government.

AMO recognizes that this raises a number of questions as to how this would relate to other components of the proposed reforms. AMO believes that these issues must be addressed in the overall consultation process on municipal roles recommended by AMO at the beginning of this response.

Recommendation 4

AMO recommends that the Province and municipal governments share in the policy/management and funding responsibilities for non-health related community support services to elderly and physically disabled adults.

4.2 Long-Term Care Facilities

Redirection Proposals

- The reformed long-term care system will be characterized by less reliance on institutional care.
- The *Redirection* paper states that the number of long-term care facility beds will not be increased over the next several years. Beds will be re-allocated throughout the Province, according to need.
- Access to facilities will be coordinated through Service Coordination Agencies and Placement Review Committees. The Placement Review Committee will ensure that all community-based services have been explored prior to admission into an institution.
- The *Redirection* paper states, "To determine how much money a facility should receive, residents' needs will be measured and classified into a level of care." Although this is not specified in the report, the Alberta Patient Care Classification System is being considered for use as a reimbursement formula for Ontario's long-term

care facilities. It was also chosen as the classification system to be adapted for Ontario in *Strategies for Change*. In the Alberta model, care requirements of the patient are determined according to functional capacity, rather than disease related factors. Labour costs, as indicated by direct and indirect patient care, nursing, and rehabilitation are calculated to determine the cost of patient care provision. A patient classification form is completed for each patient in order to determine care demands in the following areas: activities of daily living, behaviour of daily living, continuing care level, therapeutic intervention, and external demands. In Alberta, this system is currently being used strictly for the classification of patients entering long-term care facilities, not to determine reimbursement levels.

- Standards for service and quality of care will be developed for long-term care facilities.

- Chronic care facilities will not be included in the reform until a study on the role of chronic care, currently under way, has been completed.

Planning

- Long-term care beds will be re-allocated according to greatest need, in consultation with communities.

Management

- Management of long-term care facilities will be performed by the staff and management of the Community Health and Support Services area offices.

Funding

- Funding for nursing homes and homes for the aged will be increased, due to increasing service demands of residents.

- Facilities will be reimbursed according to a level of care funding formula.

- Again it is assumed that this funding will occur up to provincial standard (or ceiling), with some homes perhaps providing services above this standard.

- No consumer charges will apply for nursing and personal care or residential programs within long-term care facilities.
- Consumer charges for accommodation will be based on ability to pay.
- The financial contribution of municipalities and charitable organizations is expected to continue.

Delivery

- Institutional long-term care services will be delivered by nursing homes, and charitable and municipal homes for the aged.

4.2.1 Program Design Issues Identified by AMO

No-Growth Policy for Beds

AMO re-asserts its position stated in response to *Strategies for Change* that a "no-growth policy" for long-term care beds is unrealistic. It is likely that a better developed system of in-home and community support services will reduce the rate of increase in demand for facility beds. However, in some cases, in-home services will just postpone the admission of individuals who, upon becoming very old and frail, will eventually need institutional care. Also, the growth in the total elderly population and especially frail elderly is expected to continue. It is estimated that there will be a 138 per cent increase in the number of people over the age of 85 between now and the year 2001. Therefore, it is unrealistic to assume that in-home services will result in a zero increase in demand for institutional care.

Re-Allocation of Long-Term Care Beds

The *Redirection* paper is unclear as to how area need will be determined for the purposes of re-allocating long-term care beds across the province. Further discussion and analysis is also required regarding who is to determine this redistribution and how it is to occur.

Level of Care Funding

True level of care funding may not occur, given that funding will be divided according to the 14 area offices. That is, each area office will have a budget and this will determine the funding levels of long-term care facilities in that area. Therefore budget ceilings, not need, will determine funding.

The Alberta Patient Care Classification System, which may serve as the level of care funding formula, has not been used for the determination of reimbursements but only for the determination of patient care needs. AMO therefore questions whether this model is appropriate for determining funding.

It is not clear that this new funding arrangement will adequately address the existing funding crises of homes for the aged. The existing provincial funding cap on homes for the aged has resulted in municipalities funding 100% of operating deficits above the cap. As stated above, budget ceilings will likely continue to be a feature of the system and therefore AMO questions whether the proposed new funding system will address this cost issue.

AMO also questions the proposed consumer charge policy which bases ability to pay ("who can afford to pay") on income and not assets. AMO is concerned with potential abuses of this method of determining ability to pay.

Finally, the *Redirection* paper does not state how capital works for long-term facilities will be financed (for new facilities). Maintenance and the rehabilitation of existing homes is expected to be funded from surpluses in accommodation budgets.

Chronic Care

It is still unclear as to how chronic care will eventually fit into the reformed long-term care system. Until the chronic care study is completed, this remains an outstanding question.

Recommendation 5

AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding new policies for long-term care facilities.

4.2.2 AMO Proposals for the Role of Municipalities: Long-Term Care Facilities

Municipal Contributions

The *Redirection* paper states that municipal contributions to the funding of municipal homes for the aged are expected to continue. There is no clarification as to the expected form of these contributions. It is assumed that level of care funding will have a ceiling (discussed above) and therefore operating deficits will continue to be a feature of the system wherein municipalities are expected to contribute.

Currently municipalities have a legislated responsibility to operate at least one home for the aged and contribute to covering the operating deficit and capital budget of the home. Originally it was expected that municipalities would only contribute to the accommodation costs of homes for the aged. However, this is no longer the case with the large increases in extended care patients. And as stated previously, the reformed long-term care system will result in homes having higher proportions of "heavier" care residents as "lighter" care elderly are served in their homes or in other supportive housing accommodations.

On the basis of disentanglement principles, the *Hopcroft Report* recommended that homes for the aged should be managed and funded by the Provincial Government. It was also recognized that there are significant benefits to be gained in the local administration of homes for the aged. In its report *New Dimensions* AMO also took this position.

Recommendation 6

AMO recommends that the Provincial Government assume policy/management and funding responsibility for municipal homes for the aged and that municipalities continue to administer municipal homes for the aged.

4.3 Supportive Housing

Redirection Proposals

- Supportive housing refers to living arrangements in which people with special needs live as tenants in the community and are provided with support services in order to remain independent.
- The proposed reform provides a commitment to provide funding to create supportive services to seniors and people with disabilities in non-profit housing settings.

4.3.1 Program Design Issues Identified by AMO

Lack of Information

Very little information is provided about Supportive Housing Services in the *Redirection* paper. The Ministry of Housing's consultation paper, *A Housing Framework for Ontario* is referred to as the lead provincial government document for addressing this issue. *A Housing Framework* questions how to more effectively plan for the appropriate community services related to housing. This question acknowledges that other Ministries of the Provincial Government are also involved in various ways in the provision of supportive housing.

AMO's Position on Supportive Housing

AMO supported the exploration of supportive housing services in its response to *Strategies for Change*. Over the past ten years AMO has supported the position that the Ministry of Housing should play the lead role in program delivery for all housing whether permanent, transitional or emergency housing. In this lead role the Ministry of Housing should ensure that the following objectives are met:

- Obtaining support funding from other Ministries should be coordinated by the Ministry of Housing. Groups seeking assistance should not have to approach individual Ministries. The Ministries should do this internally under the lead of the Ministry of Housing which could, for example, establish an interministerial project team to coordinate a "one-stop" project support process. The need for this interministerial coordination is emphasized below:

- AMO recently stated its position on supportive housing to the Commission of Inquiry on Unregulated Residential Accommodation. AMO noted the lack of clear jurisdiction in roles and responsibilities between provincial ministries (specifically Ministries of Community and Social Services, Health, and Housing) and municipal governments. The results have been gaps in the provision of adequate services to individuals, no rationalization between the types of programs and funding that is available, and a lack of a variety and necessary quantity of housing alternatives. AMO has recommended that responsibility for supportive housing services should be assigned to one lead ministry -- the Ministry of Housing -- which would then also have responsibility for coordination with other ministries; the Ministries of Health and Community and Social Services should continue to have responsibility for developing and funding support services.

In its response to *A Housing Framework*, AMO stated that one of the best recent examples of the need for interministerial coordination is long-term care reform. AMO argued that it is necessary to coordinate the development of a housing framework with the Government's proposed redirection of long-term care services. AMO has supported the inclusion of alternative forms of housing within the continuum of supportive housing from the individual's home to the long-term care institution. Forms of housing such as granny flats, home sharing and programs such as OHRP and OHRP-D support independent living for seniors and disabled adults. The provincial government's emphasis on community-based care and support to enable individuals to remain in their homes therefore requires co-ordination between these two initiatives.

Furthermore, AMO supported that housing project approval should occur with support program approval. Capital and operating funding for "non-shelter" support services (e.g. day care, counselling) should be budgeted for and more easily available.

Finally, AMO recommended that flexible funding/ program delivery should be available to enable a full range of housing needs to be met and to enable innovative housing models. For example, as *A Housing Framework* mentions, the pilot projects for the

acquisition and rehabilitation of rooming houses which involve the provision of funding for both the physical unit and support services are good examples of the benefits of a coordinated and flexible approach (the Rupert Hotel Initiative and the Ottawa Rooming House Initiative).

Recommendation 7

AMO recommends that the Ministry of Housing take the lead in the provision of supportive housing and in this role be responsible for the coordination of funding with other ministries (health, community and social services, citizenship).

4.3.2 AMO Proposals for the Role of Municipalities: Supportive Housing

Response to A Housing Framework

AMO supports the continued and expanded role of municipal housing departments and non-profit corporations in the delivery, administration and management of assisted housing, including supportive housing alternatives. AMO also believes that supportive housing should be delivered by municipal or community-based organizations, and that the Provincial Government should only become involved if there is an identified community need and no local sponsor to provide the housing.

In AMO's response to *A Housing Framework for Ontario*, the Association recommended that where requested, the Province should delegate program delivery responsibility (for all housing programs and including allocations), to upper tier municipalities where they exist. AMO re-iterates this recommendation here.

Recommendation 8

AMO recommends that where requested, the Province should delegate program delivery responsibility (for all housing programs and including allocations), to upper tier municipalities where they exist. In addition, supportive housing should be delivered by municipal or community-based organizations, and that the Provincial Government should only become involved if there is an identified community need and no local sponsor to provide the housing.

4.4 Service Coordination Agencies and Placement Review Committees

Redirection Proposals

- Approximately 40 Service Coordination Agencies will be created to provide single points of entry for long-term care services.
- The agencies will provide assessment, referral, information and purchase of service. The staff of the agencies will assist people to live at home as long as possible by providing access to Health and Personal Support Services and Community Support Services.
- Each Service Coordination Agency will have a Placement Review Committee which will ensure that in-home services have been exhausted before placement in an institution.
- Each Service Coordination Agency will also have a Board of Directors made up of community representatives and Provincially-appointed representatives.

Planning

- The Service Coordination Agency will be involved in planning by identifying the availability of and demand for services in the community.
- Through the Service Coordination Agencies, the area manager of the Community Health and Support Services Division will be advised about current gaps in service, and future needs for service.

Management

- The area manager of the Health and Support Services Division will be responsible for Service Coordination Agencies in his or her area.

Funding

- The document is unclear about how Service Coordination Agencies will be funded. However, it appears that funding will originate from the Province, either in the form of direct administrative funding, or as part of the area funding envelope.

4.4.1 Program Design Issues Identified by AMO

Support Coordination Concept

AMO supports the basic objectives of service coordination: to find new ways of better matching services to the needs of consumers; and to provide better coordination among service providers. The following are the Association's concerns with the concept and design of the service coordination function. In the next section on proposals for a municipal government role, AMO focuses on the proposed administrative structure of the Service Coordination Agency (SCA).

Potential Delays in Placement in Long-Term Care Facilities

Through the SCA, the Placement Review Committees will control access to municipal homes for the aged. Many individuals and groups have expressed concern that this may cause a slow-down in the placement system. In addition, the proposed appeal process will also potentially add to the delays.

Another question is who will be responsible for the on-going assessment of the health status of a person once they have entered the system (knowing that their needs will change over time)?

Consumer Choice

One of the main concerns expressed by AMO and others in response to *Strategies for Change* is that the Placement Review Committee may erode consumer choice. The *Redirection* paper states that individual choice is important. In the event that a consumer or family caregiver disagrees with the facility placement and service planning decisions of the service coordination agency, there will be a process introduced to have decisions reviewed. To ensure that the concerns of individuals are heard and their rights protected, the *Redirection* paper refers to the *Advocacy Act, 1991* as the mechanism for this appeal and representation. AMO believes that consumer choice must be a feature built into the system and not merely exercised through an appeal mechanism. Therefore, the new system must be structured to ensure sufficient flexibility so that consumers have a choice in the form of supportive care they receive.

Recommendation 9

AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding Service Coordination Agencies and Placement Review Committees.

4.4.2 AMO Proposals for the Role of Municipalities: Service Coordination Agencies and Placement Review Committees

As outlined in an earlier section of this response, municipalities have extensive involvement in performing many of the proposed functions of the Service Coordination Agency. The model for this function is already in existence with the Home Care Program and Placement Coordination Services delivered by many municipal health units or departments.

One concern is that *Redirection* does not provide a rationale for removing these services/programs from municipal health units or departments. AMO believes it is the Provincial Government's responsibility to demonstrate the problems with this existing delivery model and what the advantages are of the proposed SCA model over this existing model.

This question must be asked since the *Redirection* paper jumps from problem identification to solution without any intermediate analysis of criteria for comparing alternative models or options.

The Minister of Community and Social Services has stated that the main concern with the existing model is the potential for a "conflict of interest" if an existing agency, which is involved in the delivery of services, also becomes the SCA. In response to concerns about this, the Minister has offered that her government is open to alternatives provided that this issue of conflict of interest can be satisfactorily addressed.

Unfortunately, the *Redirection* paper offers no clues as to what is the Government's definition of a "conflict of interest." However, in the review of other government documentation related to the proposed reform the following can be established.

"Conflict of Interest and Independent Status"

The Government argues that the SCA must be free of any conflict of interest in the performance of its service access and individual coordination function which means that it must not provide any other form of direct service to elderly or physically disabled persons. As the focal point for access to resources in the system, the SCA's loyalties must be directed totally to the individuals and families seeking support. It is argued that this primary commitment to the consumer's best interests could be compromised if the SCA itself were one of the potential providers of any of the services purchased for the consumer.

Therefore, the Provincial Government has decided that an SCA will be created in each community as a new transfer payment agency and in this way help meet the conflict-free criterion.

Conflict of Interest: Real or Perceived?

In response, AMO agrees that a delivery agency with some financial responsibility for the service it delivers may have a conflict of interest if it also controls access to the service it delivers and those provided by other agencies. For example, a long-term care facility, if it were also the SCA, could have a vested interest in admitting only "lighter" care residents or perhaps re-directing consumers from institutional services to in-home services. But this vested interest would largely be related to the facility's financial stake in the delivery of the service. AMO believes, in this same example, if the long-term care facility was only the delivery agent, and made no financial contribution, then that vested interest would not exist.

Now, in this case, it could possibly be argued that a vested interest still existed, but of a different nature. If the primary commitment of the SCA is to be the consumer's best interests, then we need to question whether a provider of service would have another commitment, say to the service provider's best interests. AMO questions whether any non-profit agency involved in these services is motivated by any other interest than that of meeting the consumer's needs.

AMO also addressed this issue in response to *Strategies for Change*. The Association stated that it understands that the potential for conflict may be a necessary barrier for some agencies, but that the Province must distinguish between a local agency and

local government. **Municipalities are not agencies; they are another government level.**

In its response, AMO recommended that municipalities should be offered the first opportunity to sponsor the access coordination in their communities. If they chose not to accept that opportunity, they then should be partners in determining how the access organization is established in their communities.

Further to these considerations, AMO has the following additional questions and arguments to put forward.

Costs of Creating New Local Agencies

At a time when governments at all levels are focusing on the identification of measures by which government can be streamlined and more cost-efficient, AMO questions the move to set up new governing and administrative structures. There are significant costs in setting up new agencies which AMO believes have not been addressed or analyzed by the Provincial Government.

AMO also questions whether the establishment of new agencies will necessarily accomplish the objective of increased efficiency, and whether new agencies will be any more accessible or visible than existing structures. Could a new board establish a legitimate community focus?

AMO believes that at issue is both the duplication (some functions proposed for the SCA are currently carried out in many municipal health departments and units) and fragmentation of services (separation of the administration of long-term care from other health and social services).

In general, AMO believes the issues raised above should be used to develop a set of criteria for the SCA and that these criteria should be the basis upon which to determine the most appropriate structure for the SCA on a community-by-community basis.

Criteria for Service Coordination Established in *Redirection*

Towards developing these criteria, AMO has the following suggestions. First, the *Redirection* paper contains some criteria for the SCA structure which could be utilized in such an approach:

- Establish a community focal point for consumers seeking long-term care services.

- Be representative of their communities; recognize the cultural, linguistic and racial diversity in Ontario communities.

To this AMO would add:

- Accountability. For example, in establishing a new transfer payment agency, the question arises as to how this new agency will be accountable for its expenditures and decisions.

- Free from a "legitimate" conflict of interest, which is clearly defined.

Performance of Existing Agencies and Their Ability to Meet These Criteria

Finally, AMO suggests that in principle existing local structures should first be considered as potential sponsors of the SCA prior to the consideration to establish new transfer payment agencies. As listed previously, many agencies are currently involved in the delivery of Home Care and Placement Coordination Services. Officially, the Province has indicated that local health units and other agencies have been successful in delivering the Home Care Program.

If existing agencies are not able to fulfil the established criteria, then there should also be consideration given to whether the structures of these agencies can be modified. There is the option of looking at changes to enable agencies to meet the roles set out for the SCA. For example, changes in the representation on Boards of Health could be introduced to ensure they meet the goal of more closely involving citizen/consumer representatives.

Secondly, if there is a concern about provincial control, then this could be achieved through standards and guidelines to ensure consistency of application across the Province (like has occurred with the Integrated Homemaker and Home Care Programs).

Recommendation 10

AMO recommends that decisions on the administrative structure of the SCA be based on a set of established criteria of what objectives and standards such a structure should meet. This should then be used to determine on a community-by-community basis what structure would best meet these criteria. This means allowing for alternative structures, with perhaps the new SCA model proposed in *Redirection* appropriate for some communities.

4.5 Planning

Redirection Proposals

- Increased consumer participation in planning is encouraged.
- Service planning and funding decisions of the Community Health and Support Services area offices will be assisted by local planning groups.
- Forty Advisory Committees have been formed on the basis of municipal boundaries. Some of the committee members are municipal representatives. These committees will assist in the determination of membership of the planning advisory groups.

4.5.1 Program Design Issues Identified by AMO

First and foremost, there is little attention paid to the function of planning and a lack of clarity as to who will be responsible and how planning will be conducted. AMO therefore believes that much more discussion and review of alternatives is required to address this very important function.

Targeted Planning

AMO's key problem with the proposals for planning is that they will lead to an increased fragmentation of overall human services planning in communities. The consequences of the proposals is a "targeted" planning system where separate planning bodies are established to deal with individual health and social service areas.

Other social services reviews have also indicated movement in the direction of targeted planning. For example, *Children First* proposes to establish local authorities for children's services; the Ministry of Labour is proposing to establish local authorities for the Ontario Training Adjustment Board (OTAB); and the *Redirection* paper proposes to establish planning advisory groups to plan for long-term care services. District Health Councils, municipal social planning councils, municipal social services departments, etc. are all doing "planning" and to varying degrees this planning includes long-term care services. Against this AMO asks who is doing overall human services planning for local areas? At the same time that all of these proposals for new targeted planing groups are being put forward, the Reports of the Premiers Council on Health Strategy advocate greater coordination and integrated local planning of human services.

In sum, the concern is that this proposal introduces yet another planning body leading to further fragmentation and duplication of planning. It also ignores the presence of the numerous existing planning structures, many of which have been created by local communities and structured to best suit local conditions. The success of some of these existing structures has been largely ignored.

The PMSSR also discussed the considerable amount of social services planning being carried out across the province. The PMSSR expressed concern about the increasing fragmentation of planning and therefore argued that one of the key expectations of a new approach to planning is that it should help coordinate the broad array of social services being provided in communities since many of these services are interconnected:

> "Existing demarcations between services and between client groups have tended to force current planning into narrow perspectives focused on specific programs."[5]

In response to this underlying objective the PMSSR recommended an approach which focuses on the development of a community plan that deals with the whole spectrum of social services and related services.

AMO believes that new planning structures should not be created and instead existing structures should be built upon. Specifically, as discussed below, AMO recommends that municipal structures should serve as the focus of planning for long-term care services.

4.5.2 AMO Proposals for the Role of Municipalities: Planning

Municipal Planning Experience

The PMSSR provided an excellent overview of examples of community health and social services planning occurring across the province. In its review, the Committee detailed the involvement of municipal governments in, for example, social planning organizations, social services departments, and boards of health. In responding to the question "who should be responsible for planning social services", the PMSSR recommended that a community social services plan be developed by municipal governments at he level of regions and counties:

> "The local plan will coordinate and set priorities for each community's response to needs....[create] links between social service planning and related service planning in communities; links with community health are especially important, because coordination is needed for related services that cross ministerial jurisdictions."[6]

Strategies for Change also recognized the active participation of planning groups in long-term care and stated that as a basic guideline, planning should build on the successful endeavours and strengths of existing local planning bodies. *Strategies for Change* also referred to the PMSSR and that it will be necessary to address the options around responsibility for service planning.[7]

In its response to *Strategies for Change*, AMO supported the recommendations of the PMSSR that social services planning should be integrated into the long-term care reform strategy. That is, municipal government should be delegated primary responsibility and serve as the *focus* for planning and preparing a community social services plan:

> "Municipal governments are involved in planning the growth, development, and

> quality of life in their communities. A number of municipal governments are already taking the lead in developing social development plans. In addition, placing this responsibility in municipal hands puts the planning process close to the community, where its effects will be felt. Other reasons to support a municipally led process are experience and accessibility."[8]

This recommendation supports that human services planning should be more clearly linked and coordinated with land use and housing planning: for example, links to land use planning in terms of zoning to have locations designated for social services; official plans with a human services component; housing in terms of the planning and provision of supportive housing accommodation and services.

This also reinforces AMO's recommendations on the municipal role in supportive housing and the coordination amongst non-profit housing initiatives and long-term care in-home support services as discussed in an earlier section of this response.

AMO therefore reiterates its position that social services planning should generally be conducted by municipal government at the level of regions and counties. As stated in response to PMSSR, the Province should consult with northern municipalities and separated cities not part of a county to determine the most appropriate structures for community social services planning in these communities.

Recommendation 11

AMO recommends that municipal governments at the level of regions and counties should serve as the focus for planning and the preparation of a comprehensive community social services plan for their communities in order to meet provincial and local objectives. The Province should consult with northern municipalities and separated cities not part of a county to determine the most appropriate structures for community social services planning in these communities.

4.6 Support to Family Caregivers

Redirection Proposals

- Family caregivers and friends currently provide up to 90% of care for people who need support in order to remain in their homes.
- Although some support services for family caregivers have been provided in the past few decades, many caregivers are not aware of these services or are not able to access the services. As a result, many caregivers have no other alternative but to place the dependent person in a home for the aged or nursing home.
- The proposed reform is intended to address this problem by expanding and improving access to supportive services for family caregivers. Most of the community health and support services and personal support services outlined in the report are intended to assist family caregivers.
- There will also be an expansion of services that support family caregivers directly, such as: support groups and counselling for caregivers, in-home nursing training, respite services, and adult day programs (without charge).
- Financial compensation for family caregivers is also being explored.
- Better coordination of supports to family caregivers is expected to occur through the Service coordination Agency.

4.6.1 AMO Proposals for the Role of Municipalities: Family Caregivers

As in its response to *Strategies for Change*, AMO applauds the Province for recognizing this as an important area. The role of municipalities in these services has been addressed in other sections of this response.

5 CONCLUSIONS

AMO calls on the Provincial Government to work with municipalities in defining the roles and responsibilities of the two levels of government in the reformed long-term care system. The Association has made proposals for a municipal role in the system and looks forward to the Province's response to these recommendations. Together, AMO believes the Province and municipalities can work towards better integrated and efficient long-term care services which meet the health and social service needs of the elderly and physically disabled adults.

6 SUMMARY OF RECOMMENDATIONS

Recommendation 1

AMO's fundamental position is that the Provincial Government should agree to consult and negotiate with AMO on the role of municipalities in the proposed governing and administrative structure for the redirected long-term care system.

Recommendation 2

AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding the design of the Health and Personal Support Program and Community Support Services.

Recommendation 3

AMO recommends that the Provincial Government assume 100% responsibility for the policy, management and funding (including costs of administration) of the Health and Personal Support Program. If municipal delivery and administrative structures are already in place, then these should be considered to serve as the delivery agencies for the new Program.

Recommendation 4

AMO recommends that the Province and municipal governments share in the policy/management and funding responsibilities for non-health related community support services to the elderly and physically disabled adults.

Recommendation 5

AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding long-term care facilities.

Recommendation 6

AMO recommends that the Provincial Government assume policy/management and funding responsibility for municipal homes for the aged and that municipalities continue to administer municipal homes for the aged.

Recommendation 7

AMO recommends that the Ministry of Housing take the lead in the provision of supportive housing and in this role be responsible for the coordination of funding with other ministries (health, community and social services, citizenship).

Recommendation 8	AMO recommends that where requested, the Province should delegate program delivery responsibility (for all housing programs and including allocations), to upper tier municipalities where they exist. In addition, supportive housing should be delivered by municipal or community-based organizations, and that the Provincial Government should only become involved if there is an identified community need and no local sponsor to provide the housing.
Recommendation 9	AMO recommends that the Province consider and respond to each of the concerns and questions raised by the Association regarding Service Coordination Agencies and Placement Review Committees.
Recommendation 10	AMO recommends that decisions on the administrative structure of the SCA be based on a set of established criteria of what objectives and standards such a structure should meet. This should then be used to determine on a community-by-community basis what structure would best meet these criteria. This means allowing for alternative structures, with perhaps the new SCA model proposed in *Redirection* appropriate for some communities.
Recommendation 11	AMO recommends that municipal governments at the upper tier should serve as the focus for planning and the preparation of a comprehensive community social services plan for their communities in order to meet provincial and local objectives. The Province should consult with northern municipalities and separated cities not part of a county to determine the most appropriate structures for community social services planning in those communities.

ENDNOTES

1. Ontario Ministries of Community and Social Services, Health, and Citizenship, *Strategies for Change: Comprehensive Reform of Ontario's Long-Term Care Services* (Toronto: [The Ministries], May 1990).

2. Financial data from *The Report of the Provincial-Municipal Social Services Review* (Association of Municipalities of Ontario, Ontario Municipal Social Services Association, Ministry of Community and Social Services, April 1990).

3. See Ontario, Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship, *Report of the Advisory Committee* (Toronto: January 3, 1991) and Association of Municipalities of Ontario, AMO's Response to the *Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship (Hopcroft Report)* (Toronto: AMO, August 1991 (AMO Report 91-15)).

4. Ontario Ministries of Health, Community and Social Services and Citizenship, *Strategies for Change*, p. 57.

5. Ontario, Provincial-Municipal Social Services Review Committee, *Report of the Provincial-Municipal Social Services Review* (Toronto: Ministry of Community and Social Services, Association of Municipalities of Ontario, Ontario Municipal Social Services Association, April 1990), p. 171.

6. Ontario, Provincial-Municipal Social Services Review Committee, *Report of the Provincial-Municipal Social Services Review*, p. 171.

7. Ontario Ministries of Community and Social Services, Health and Citizenship, *Strategies for Change*, pp. 68 - 69.

8. Ontario, Provincial-Municipal Social Services Review Committee, *Report of the Provincial-Municipal Social Services Review*, pp. 176-177.

APPENDIX A - LONG-TERM CARE REFORM AND DISENTANGLEMENT

Disentanglement

The *Report of the Advisory Committee to the Minister of Municipal Affairs on the Provincial-Municipal Financial Relationship* (Hopcroft Report) has served as the starting point of an overall process of negotiation of provincial-municipal finances. This has lead to the establishment of a 12-member provincial-municipal steering committee to oversee the process of consultation and further analysis of provincial and municipal roles and responsibilities. Broadly, the principle of disentanglement is that there should be a comprehensive re-organization of the provincial-municipal government partnership based upon a set of rational decision criteria or philosophical principles to ensure that all services are managed, financed and delivered by the most appropriate level of government.

It is recognized that long-term care reform cannot wait until the outcomes of the disentanglement exercise. Ultimately whatever the long-term care governing and administrative model chosen, it must fit within the principles of disentanglement, or be sufficiently flexible to permit adjustment to fit with the principles of disentanglement. However, some of the proposed redirections establish new planning, decision-making and administrative bodies which directly impact on existing municipal funding, administrative and delivery roles in the long-term care system.

AMO therefore believes that at the outset the proposed long-term care reforms should be examined in the context of the principles of disentanglement. This conforms with the position taken by AMO (and stated in the introduction) that the reform of long-term care services is an initiative which could both serve as a "case study" on provincial-municipal disentanglement and the principles established by the Premier's Council on the integration of health and social services and local decision-making.

AMO has endorsed the principles of disentanglement put forward in the Hopcroft Report to serve as the framework within which to review and reform provincial-municipal roles and responsibilities for services. These principles are summarized in the table on the following page.

Disentanglement Principles Proposed in the Hopcroft Report

- To the extent that income redistribution is a program or service objective, policy/service management and program financing should be provincial responsibilities.
- The degree of involvement in policy/service management for each level of government should be determined by the type and level of spillovers.
- Services should be produced at the level of government that can do so most economically.
- Services should be delivered by the level that can do so most effectively.
- The degree of involvement in service management for each level of government should be dictated by the level of interest or the need for standards.
- The allocation of policy/service management, financing and delivery responsibilities should be based on promoting accountability.

APPENDIX B - SUMMARY OF PROVINCIAL LEGISLATION: *ADVOCACY ACT, CONSENT TO TREATMENT, AND SUBSTITUTE DECISIONS*

All three pieces of legislation described below received second reading in the Fall 1991 sitting of the legislative assembly and as of January 1992 were at public hearings at the Administration and Justice Cabinet Committee, with third reading anticipated in the Spring 1992 sitting of the legislative assembly.

The Advocacy Act, 1991 (Bill 74): Executive Summary

The *Advocacy Act, 1991* will ensure the power of vulnerable adults to express their wishes, make decisions, and protect their rights. The *Act* defines a vulnerable person as:

> a person who, because of mental or physical disability, illness or infirmary, whether temporary or permanent, has difficulty in expressing or acting on his or her wishes or in ascertaining or exercising his or her rights (s. 2).

Through this legislation, an Advocacy Commission will be created. The Commission will: develop standards and training for advocates, organize the provision of advocacy services to vulnerable adults, promote structural changes which will promote the interests of vulnerable adults, and make grants to community-based agencies for the provision of advocacy services. According to clients' wishes, advocates will represent the interest of clients on various matters. Advocates will have the right to enter public and sometimes private facilities and to access client's records in order to provide advocacy services.

Consent to Treatment Act, 1991 (Bill 109): Executive Summary

The *Consent to Treatment Act, 1991* affirms the right of individuals to be fully informed when making health care decisions. The responsibilities of health care practitioners, consumers, and persons acting on behalf of incapable patients are outlined in the legislation. The legislation will replace the consent provisions in the *Mental Health Act* and the *Public Hospitals Act*. It will apply to all health care practitioners licensed or registered under the statutes listed in the schedule, in all settings. Health care practitioners will determine the capacity of patients in accordance with prescribed criteria, standards, and procedures. People found to be incapable will be referred to an advocate in accordance with the *Advocacy Act, 1991*. Principles to be followed by persons deciding for incapable persons are contained in *The Substitute Decisions Act, 1991*. Health professionals are prohibited from administering treatment to a person unless he or she is capable, or unless another person entitled to act on that person's behalf has given consent. Consent that has been given by a person or his or her advocate may be withdrawn at any time. The Consent and Capacity Review Board is given power to review findings of incapacity, appoint representatives for incapable persons, and give directions with respect to wishes and instructions that are not clear.

Substitute Decisions Act, 1991 (Bill 108): Executive Summary

The *Substitute Decisions Act, 1991* concerns the property management and personal care decisions made on behalf of incapable persons. It is framed by the principle that the wishes of capable persons must be represented if that person later becomes incapable. Under this legislation, capable persons may appoint power of attorney for their personal care and property, and the court may appoint a guardian of personal care or property on behalf of an incapable person. The court may order a professional examination to determine the capacity of a person. Guardians are appointed according to the Advocacy Act. Powers and duties of guardians of personal care and property, and procedures for guardianship applications are set out in the legislation.

APPENDIX C - ACKNOWLEDGMENTS

The Association of Municipalities of Ontario would like to thank the members of AMO's Long-Term Care Task Force for their participation in preparing this response:

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